

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **107089182** FILING DATE **25 JUL 2002**  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3				2			53						
4				0			54						
5				1			55						
6				1			56						
7				1			57						
8				0			58						
9				1			59						
10				1			60						
11				1			61						
12				1			62						
13			1				63						
14			1				64						
15							65						
16							66						
17							67						
18							68						
19							69						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3				TOTAL IND.						
TOTAL DEP.			12				TOTAL DEP.						
TOTAL CLAIMS			15				TOTAL CLAIMS						